

Docket No.: DEXCOM.8DVC1C1

Customer No.: 20,995

1FW
\$

AMENDMENT / RESPONSE TRANSMITTAL

Applicant : Shults, et al.
App. No. : 10/657843
Filed : 09-Sep-2003
For : DEVICE AND METHOD FOR
DETERMINING ANALYTE
LEVELS
Examiner : Nasser, R. L.
Art Unit : 3736

CERTIFICATE OF MAILING

I hereby certify that this correspondence and all marked attachments are being deposited with the United States Postal Service as first-class mail in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450, on

October 8, 2004

(Date)

Rose M. Thiessen, Reg. No. 40,202

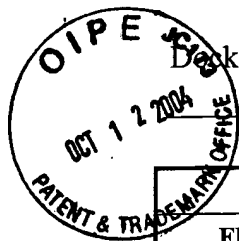
Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

Sir:

Transmitted herewith for filing in the above-identified application are the following enclosures:

- (X) Amendment in 12 pages.
- (X) Terminal Disclaimer in 2 pages.
- (X) Terminal Disclaimer in 2 pages.
- (X) Terminal Disclaimer in 2 pages.
- (X) Terminal Disclaimer in 2 pages.
- (X) Establishment of Right of Assignee to Take Action and Revocation and Power of Attorney in 2 pages.
- (X) The present application qualifies for small entity status under 37 C.F.R. § 1.27.

The fee has been calculated as shown below:



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FEE CALCULATION				
FEE TYPE		FEE CODE	CALCULATION	TOTAL
Total Claims	73 - 46 = 27	2202 (\$9)	27 x 9 =	\$243
Independent Claims	5 - 7 = 0	2201 (\$44)	0 x 0 =	\$0
Multiple Claim		2203 (\$150)		\$0
1 Month Extension		2251 (\$55)		\$0
2 Month Extension		2252 (\$215)		\$0
3 Month Extension		2253 (\$490)		\$0
Terminal Disclaimer		2814 (\$55)	4 x 55 =	\$220
			TOTAL FEE DUE	\$463

- (X) A check in the amount of \$463 is enclosed.
- (X) Return prepaid postcard.
- (X) Please charge any additional fees, including any fees for additional extension of time, or credit overpayment to Deposit Account No. 11-1410.

Rose M. Thiessen
Registration No. 40,202
Attorney of Record
Customer No. 20,995
(619) 235-8550